

**CITY OF BANGOR**  
**NO SPRAY PROGRAM APPLICATION**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Premises \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-Mail \_\_\_\_\_

Tracking # \_\_\_\_\_

Paid \_\_\_\_\_

I hereby request to participate in the "No Spray Program". I have been given a copy of the Roadside Spraying Policy and agree to comply with the rules set forth herein and in the policy.

All correspondence relating to the No Spray Program should be directed to \_\_\_\_\_, at the City of Bangor Public Works Department, 530 Maine Avenue, Bangor, 992-4500, from Monday through Friday, 8:00 a.m. - 4:30 p.m. I agree to update my contact information above within ten days of any change.

**NOTICE: If Public Works determines that vegetation adjacent to a no spray zone has not been properly or sufficiently controlled by a property owner, Public Works shall send the property owner written notification. If the property owner fails to remedy the situation within ten (10) days, Public Works shall revoke the property owner's enrollment in the program and may recommence spraying without further notice. The City also reserves the right to discontinue the no spray program at any time and for any reason. If the City discontinues the program, all participants will be notified in writing.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_